PART B - FEE(S) TRANSMITTAL										
Complete and send t	ee(s), to: <u>M</u> or <u>F</u>	F	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg 571) 273-2885	FEE r Patents inia 22313-1450	P/					
INSTRUCTIONS: This for appropriate. All further conditions indicated unless corrected maintenance fee notification	rm should be used for tran respondence including the l below or director otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and Prders and notification of the second in the se	UBLICA ication of new con	TION FEE (if requi maintenance fees w espondence address;	red). Blocks 1 through 5 rill be mailed to the curre and/or (b) indicating a so	should be completed when the correspondence address eparate "FEE ADDRESS"			
CURRENT CORRESPONDENCE 24374 7		N Fe	ote: A certificate of ee(s) Transmittal. The apers. Each additiona	mailing can only be used	for domestic mailings of d for any other accompany ment or formal drawing, m					
VOLPE AND KOENIG, P.C.  DEPT. ICC  UNITED PLAZA, SUITE 1600  30 SOUTH 17TH STREET  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited w States Postal Service with sufficient postage for first class mail is addressed to the Mail Stop ISSUE FEE address above, or be transmitted to the USPTO (571) 273-2885, on the date indicated to										
PHILADELPHIA, 11/15/2005 YPOLITE2 00		F		. Glabicki	(Depositor's na					
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APPEICATION NO.	FILING DATE	·	FIRST NAMED	<del></del>	DR	ATTORNEY DOCKET NO				
10/071,728 TITLE OF INVENTION: S SIGNALS	02/08/2002 SPREAD SPECTRUM COM	MUNICATION S	Donald L. S	•	D USING A REFER	I-2-72.4US RENCE SIGNAL AND A	4679 PLURALITY OF MESSA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DU		TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	onprovisional NO		)		\$300	\$1700	11/10/2005			
EXAMINER ART		ART UN	IIT TI	CLA	SS-SUBCLASS					
HSU,	ALPUS	2665		3	70-335000					
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
	RESIDENCE DATA TO B					<del></del>				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will apper I a substitute fo	ar on the or filing a	patent. If an assign n assignment.	ee is identified below, the	document has been filed			
(A) NAME OF ASSIGN	) RESIDENCE	E: (CITY	and STATE OR COU	JNTRY)						
_	Technology C			/ilmington						
Please check the appropriate Ia. The following fee(s) are	assignee category or categor				Individual 🖺 Co	rporation or other private	group entity Governm			
Issue Fee	<ul> <li>Payment of F</li> <li>A check in</li> </ul>	(-)	unt of the fee(s) is en	closed.						
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of	Copies(4)	<del></del>	The Direct Deposit Accord	tor is her unt Numb	eby authorized by cher 09-0435	narge the required fee(s), or (enclose an extra	or credit any overpayment a copy of this form).			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	37 CFR 1.27.	b. Applica	nt is no lo	onger claiming SMAI	LL ENTITY status. See 37	CFR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicate ill not be accepted and Trademark	tion Fee (if any I from anyone of Office.	or to re- other thar	apply any previously the applicant; a regi	y paid issue fee to the appl stered attorney or agent; or	ication identified above.  the assignee or other part			
Authorized Signature	Date <u>W/10/05</u>									
Typed or printed name		Glabicki			Registration					
This collection of information application. Confidential ubmitting the completed aphits form and/or suggestions 30x 1450, Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, shinia 22313-1450. DO NOT \$1450.	11. The information 122 and 37 CFR 122 and 37 CFR 123. Time will vary ould be sent to the SEND FEES OR C	n is required to 1.14. This colled depending upon Chief Information COMPLETED	obtain of cection is earn the industrian Officeror FORMS	r retain a benefit by the estimated to take 12 n ividual case. Any co cer, U.S. Patent and TO THIS ADDRESS	ne public which is to file (aninutes to complete, inclumments on the amount of Trademark Office, U.S. Do. SEND TO: Commission	and by the USPTO to proc ding gathering, preparing, time you require to comp epartment of Commerce, P er for Patents, P.O. Box 14			

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/071,728 **XANSMITTAL** Filing Date February 8, 2002 First Named Inventor **FORM** Donald L. Schilling Art Unit 2665 **Examiner Name** Alpus Hsu r all correspondence after initial filing) Attorney Docket Number I-2-0072.4US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC |X|Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information Provisional Application** After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Form PTOL-85 Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VQLPE AND KOENIG, P.C. Signature Printed name Jeffrey M. Glabicki Date Reg. No. November 10, 2005 42.584 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Jeffrey/M. Glabicki November 10, 2005

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Effective Fees pursuant to the Consoli	ctive on 12/08/2		Complete if Known								
			Application Number	10/071,7	10/071,728						
	KANS	MITTAL	Filing Date February 8		y 8, 2002						
NOV 1 4 2005 F	r FY 2	005	First Named Invento	Donald I	Donald L. Schilling						
Applicant claims s			Examiner Name	Alpus H	us Hsu						
<del>\2</del>	T		Art Unit 2665								
TOTAL AMOUNT PAY	(\$)	1,712.00	Attorney Docket No. I-2-0072.4US				)				
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation											
For the above-iden	tified deposit a	account, the Director is he									
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
warder 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION		•									
1. BASIC FILING, SEA	RCH. AND	EXAMINATION FEES									
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Application Type	Fee (\$)	imall Entity Fee (\$) Fee (	Small Entity \$) Fee (\$) F	Small ee (\$) Fee		Fees Paid	(\$)				
Utility	300	150 500		200 10							
Design	200	100 100		30 6	-						
Plant	200	100 300		60 8	=						
Reissue	300	150 500	250	500 30							
Provisional	200	100 0	0	0	0 -						
2. EXCESS CLAIM FE	ES				•		all Entity				
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Indep. Claims	Extra Claims		Paid (\$) -	<u></u>	0.00						
HP = highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE	FEE										
If the specification and						5 for small	entity)				
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x = 0.00											
4. OTHER FEE(S)  Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)  Other: Issue Fee, Publication Fee and Four (4) advance patent copies											
Other: Issue Fee, Publication Fee and Four (4) advance patent copies 1,712.00											
SUBMITTED BY	11 1.1										
Signature	M KINTO	8	Registration No. 42,	584	Telephone 2	15-568-64	100				

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Jeffrey M. Glabicki

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